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Improving health and well-being through community health champions: a thematic evaluation of a programme in Yorkshire and Humber

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Abstract

Aims: The contribution that lay people can make to the public health agenda is being increasingly recognised in research and policy literature. This paper examines the role of lay workers (referred to as 'community health champions') involved in community projects delivered by Altogether Bette across Yorkshire and Humber. The paper reports findings from a thematic evaluation of the community health champion role to understand how the Altogether Better projects involve community health champions to improve health.

Methods: To understand the context, delivery and outcomes of the Altogether Better projects, a qualitative approach was adopted. An important consideration when designing the evaluation was listening to the views of those working directly within projects and in partnership and also to provide the champions with an opportunity to share their experiences. The data collection with project staff and partners consisted of 29 semi-structured interviews and two participatory workshops were held to gain the views of champions. In total, 30 champions, varying in terms of age, gender, ethnicity and disability, took part.

Results: Becoming a community health champion has health benefits such as increasing self-esteem and confidence and improved well-being. For some champions, this was the start of a journey to other opportunities such as education or paid employment. There were many examples of the influence of champions extending to the wider community of family, friends and neighbours including helping to support people to take part in community life. Champions recognised the value of connecting people through social networks, group activities, and linking people into services and the impact that had on health and well-being.

Project staff and partners also recognised that champions were promoting social cohesiveness and helping to integrate people into their community.

Conclusions: The recent public health White Paper suggested that the Altogether Better programme is improving individual and community health as well as increasing social capital, voluntary activities and wider civic participation. This evaluation supports this statement and suggests that the community health champion role can be a catalyst for change for both individuals and communities.

Key words: Lay involvement, public health, evaluation, qualitative research

Introduction

The government's strategy for public health in England highlighted the benefits of the community health champion role and signified the benefits that lay public health workers can make in their local communities (1). There is growing evidence relating to the benefits of engaging community members in promoting health (2) as positive impacts are being identified across a range of health and social outcomes (3-10). Involving members of the public in supporting other people to make positive changes in their lives is based on sound understanding of the value of life experience and the support systems that can exist within neighbourhoods (11, 12).

This paper presents findings of a thematic evaluation of the community health champion role, based on data collected from community projects being delivered as part of the Altogether Better Programme in Yorkshire and Humber. The paper examines the role of a community health champion and also the impact that champions were making in the community. The purpose of the thematic evaluation was to understand how the Altogether Better projects involve community health champions to improve health and to provide robust evidence to inform the development of practice.

Whilst the term 'community health champion' is a relatively new addition to the already burgeoning array of terminology in this area, the concept has distinct similarities to other types of community and volunteer health roles (2). NICE defined health champions as:

> *"… individuals who possess the experience, enthusiasm and skills to encourage and support other individuals and communities to engage in health promotion activities. They also ensure that the health issues facing communities remain high on the agenda of organisations that can effect change. Health champions offer local authorities and community partnerships short-term support as consultants,*

> *encourage them to share good practice and help them develop activities to improve the health of local people."* (14, p.40)

Community health champions are involved in a huge range of activities including: leading organised health walks, working in allotment and food growing initiatives, setting up social clubs, delivering health awareness presentations on chronic conditions, signposting etc. The extent to which champions become involved and the intensity of the role depends on individual motivations and on the way that individual projects choose to operate. There are 16 Altogether Better projects (12 of which are located in the community and 4 which are based in workplaces), which are working to increase physical activity, improve healthy eating and promote better mental health & well-being. Each project differs in scale, size and approach.

As highlighted in the recent government White paper (1), the Altogether Better programme is based on an empowerment model which is based on three key elements: building confidence, building capacity and system challenge. The model acknowledges that empowerment is a complex process that can occur at an individual, organisational or community level (15). At the heart of this model are the community health champions who are equipped with the knowledge, confidence and skills to make a difference in their communities. The premise is that community health champions will gain personal benefits from involvement which will ultimately lead to them inspiring others (16).

Methods

Qualitative approaches are becoming increasingly used in evaluation research as they are particularly adept at examining the dynamics of how mechanisms operate and how outcomes are achieved (17). The use of qualitative methods is particularly suited to evaluating complex community initiatives, such as Altogether Better (18). This is because these programmes have multiple and diverse processes and outcomes and therefore demand flexible and sensitive approaches to capture the impact. An important consideration

when designing the evaluation was listening to the views of those working directly within projects and in partnership and also to provide the champions with an opportunity to share their experiences. To do this, however, it was necessary to select a number of projects to be involved in the evaluation so that an in-depth view of the community health champion role and the mechanisms underlying the empowerment model could be identified. Seven projects (from a possible 12) were identified to be involved in the evaluation.

Data collection was conducted over a three-month period, during this time there were two key strands to gathering evidence for the evaluation:

- Interviews with project staff and partners.
- Participatory workshops to gather the views of champions.

The data collection with project staff and partners consisted of 29 interviews. Initially, project leads in each of the six projects were contacted by the evaluation team and invited to participate in the evaluation. In the majority of cases, interviews were conducted face-to-face, using a semi-structured interview schedule designed to address the aims and objectives of the evaluation. A form of snowball sampling (or chain sampling) was also used as project leads were invited to suggest other key individuals who would be able to contribute to the evaluation (19). Individuals were then sampled from this list based on how their background and role could contribute to meeting the evaluation's objectives. The interviews covered a number of areas including the recruitment, training and development of champions, factors affecting delivery and implementation of the programmes, outcomes and impact and how empowerment approaches work in practice.

In terms of gaining the views of champions, two workshops were organised. Recruitment for the workshops focussed on five Altogether Better projects and project leads in these projects were invited to publicise the workshops to their champions. In total, 30 champions, varying in terms of age, gender, ethnicity and disability, took part. The workshops allowed opportunities for group discussions and chances for people to share experiences. This

process was facilitated by members of the research team and sections of the workshop were digitally recorded after consent had been gained. Each champion received a high street shopping voucher to recognise the time and effort they had invested in the workshops,

The analysis was conducted over a number of stages. After all data (interview and workshop recordings) had been transcribed verbatim, members of the evaluation team read and familiarised themselves with the content of the transcripts. Based on this, a coding framework was developed. This framework was derived from thematic areas of interest within the data itself. The coding framework was refined and agreed amongst the evaluation team and applied to the original transcripts to extract major themes.

Results

The results are presented according to the thematic areas which were identified during data analysis. Where appropriate, direct quotations have been used for illustrative purposes and selected to support the interpretation and findings.

The community health champion role

The champions described the range of activities they were involved with: organising health walks, delivering presentations to raise awareness of chronic conditions, signposting individuals to services, were a small selection of the activities mentioned. Individuals were involved in these to different degrees; for some their champion role had become central to their lives and occupied much of their time, for others it was a relatively small part. Broadly their roles could be divided into three main areas:

1. Talking to people informally as part of their daily lives.
2. Providing more intensive support to individuals.
3. Partaking in or managing/leading activities, groups or events.

Sometimes champions were involved as part of an NHS programme like cardiovascular disease screening, but more often they were based with a community organisation and engaged with activities they were running, or working on their own initiative using their informal networks. There were several aspects to the community health champion role which participants felt made them different from most professionals. The following quotation from a champion illustrates these different aspects of the role:

> *"I think a key point of a champion is that we have more time to actually listen than a professional does. We don't have a 5/10 minute slot, we have 30 mins/1 hour over a cuppa and it's more personal and you can work with them and you can see people more frequently and they know you more personally."*

Qualities required to be a champion

The evaluation investigated the key qualities which people needed if they were to be a successful champion and a consensus emerged from all participants in terms of the attributes required. Empathy, enthusiasm, communication skills, some background knowledge of health issues and knowing where people could go for further support, were all critical qualities mentioned. There were a variety of views on whether it was important for champions to come from the communities they worked with. In general, project staff and partners talked about champions needing to have a 'sense of community', whereas champions talked more about being 'part of the community' and of having shared experiences, such as having struggled with obesity or mental health issues.

The enthusiasm of champions for their work came across strongly and many individuals were clearly passionate about the role. What motivated them varied somewhat but there was generally agreement that helping people and doing something to address the issues within their community were central:

> *"I've developed a passion for my community and I engage more with my community in a very positive way."*

The processes needed to support champions

All participants saw training and support as critical to translating the Altogether Better approach into practice. Project leads reported that one of the primary differences between projects was the intensity and duration of the training offered. For example, some projects adopted a less demanding training programme that was designed to cover only a few key topic areas (e.g. keeping active, healthy eating etc.) and prepare champions for disseminating simple health advice. In contrast, some projects provided a more intensive training package (in some cases this was also accredited), usually delivered over a period of many weeks. A more thorough training package was required as it was envisaged that these champions would have a more 'active' community development role.

Similar to the provision of training for champions, there were differences in the amount of support champions received. Some projects provided regular one-to-one supervision, others had a more 'light touch' approach and just organised occasional champion meetings. Some champions felt strongly that an adequate level of supervision should be provided:

> *"I think supervision is an important part of volunteering and I don't think all organisations offer what I consider to be an adequate level of support to volunteers. Things like that you're not out of pocket for anything that you do financially is important. There are opportunities there to develop personally within a volunteering role. I think there is a movement away from that traditional view of what being a volunteer is about. I think I've had to negotiate that within my host organisation, I went in there and I wasn't particularly satisfied with the level of supervision but things are moving in a good direction which I consider to be positive and I think they do as well."*

As well as personal support, champions appreciated help with setting up activities and the regular updates, newsletters and mailings that some received were considered useful.

Health and social benefits for community health champions

There was a strong emphasis on the difference the projects had made to the lives of champions. There was, for instance, a firm consensus that by engaging in training and becoming champions many participants had increased their self-esteem, self awareness, confidence and in some cases had "completely transformed". This, according to the project leads and partners, had been particularly noticeable in individuals who had been out of work for some time or for individuals who had been socially isolated and had lacked self-confidence:

> *"…it does give people a lot of confidence, because some of the people that are health champions and are maybe out of work; the nature of what we're trying to do is empower people and encourage them and motivate them and increase their self- esteem and things like that. And I think becoming a health champion is a massive boost for people's confidence and self esteem."*

In terms of physical health, some champions talked about the changes they had made such as losing weight and being more physically active. More frequently, however, they discussed the improvements to their mental health, quality of life and general well-being. Working and learning alongside other people within the champion role, for instance, presented a chance for new friendships to develop and this was a motivating factor for several individuals. This was reported to be particularly important for older people living in rural communities, where poor and sporadic transport links could cause social isolation and disengagement from the community. Being a champion had also given an added sense of purpose to many participants. A course trainer, for example, summarised the importance people place on being identified as a champion:

> *"They've got a role and they're proud of what they're doing."*

Many project leads spoke about the 'journey' that many people had made since starting the project and commented on the personal progression of many champions. It was, however,

evident that these journeys were more common in the projects with a more intensive style of training. This may be coincidental, or may indicate the benefits of engaging champions over a longer period of time and having the opportunity to develop their confidence and skills. Some champions, for example, had progressed into higher or further education, paid employment or had moved on to volunteer in other voluntary sector projects.

The impact champions were making to communities

The champions talked confidently about the changes resulting from people engaging in activities. In some cases these changes were to do with physical health, such as weight loss or stopping smoking, but there was much more emphasis on the difference group activities were making to people's mental health and well-being.

Champions recognised the value of connecting people through social networks, group activities, and linking people into services and the impact that had on health and well-being. Project staff and partners also recognised that champions were promoting social cohesiveness and helping to integrate people into their community, but were more tentative when articulating the benefits champions were making in the wider community. Several project leads thought that as their projects were still in their infancy (and might only have got as far as training champions) it was too early to expect to see behaviour changes in indirect beneficiaries or to properly assess the wider impact of the work:

> *"I'm not sure they've been around long enough to say that there's an outcome that they have impacted on behaviour change, I think it's too early for that."*

Despite this, many project leads speculated that the champions would make an impact and would be able to influence communities if they were given time to do so:

> *"I think it's a little bit too early for me to say, but again I'm quite confident that things will change in communities, and I think it will take a long, I think it will be a long process to fully change communities, but I think they are making a difference."*

Altogether Better's empowerment model in practice

Project leads recognised the value of Altogether Better's empowerment model in tackling health inequalities and equipping people with the knowledge, confidence and skills to make a difference in their communities:

> *"To me that empowerment model is something that the project is all about and is crucial to reducing health inequalities and getting people influenced to make those changes."*

The majority of project leads and partners recognised and understood that empowerment was not only a concept concerning individuals, but also about community influence and system challenge. For example, most were able to comment on how individual champions had become 'empowered' and had gained confidence, skills and increased levels of self-esteem. In addition, interviewees also explained how individuals had been able to take more control over own their lives and the issues affecting their local area:

> *"I think it's about people feeling more confident and more skilled and more able to take control over their own lives and have more of a saying in what's going on around them really."*

One key theme to emerge was the heightened awareness that champions had developed in relation to their local environment and their confidence to challenge community infrastructures. A partner suggested that by improving the confidence and skills of champions, through training and support, they were enabled to influence the wider community. She likened this to ripples in a pond:

> *"So it's about, I suppose it's like the stone in the pond, isn't it for me? I think it's like you drop the stone and you get the ripple effect, and that's how I see the empowerment for those coming on our courses."*

A number of barriers were highlighted in relation to Altogether Better's empowerment model and its delivery in practice. Most notably, and as mentioned previously, the time needed to

engage communities and build trust was envisaged to be a lengthy process, especially in communities seen as 'hard to reach':

> *"So that's a big barrier, getting into these communities that are quite insulated sometimes. It's difficult to break that door down."*

Discussion

This paper set out to illustrate findings from a thematic evaluation of the community health champion role, based on data collected from community projects being delivered as part of the Altogether Better programme in Yorkshire and Humber. The evaluation aimed to understand how the Altogether Better projects involve community health champions to improve health and to provide robust evidence to inform the development of practice. Whilst not all of the Altogether Better projects were included in the evaluation, a strength of the design was that an in-depth and diverse range of perspectives from within projects could be heard, including a range of community health champions, project leads and other key partners. This allowed a comprehensive view of the community health champion role and the mechanisms underlying the empowerment model to be uncovered.

There is agreement within the data that the outcomes for champions as individuals were positive. Project staff and partners observed increases in self-esteem, confidence, self-belief and an improvement in lifestyle and champions themselves emphasised how they had gained from the role in terms of their mental and social health and general sense of well-being. This finding reiterates wider literature on lay involvement and the impact this makes for participants (20). Indeed, participation as a community health champion not only improved the mental and social health of individuals, but also acted as a catalyst for personal development, resulting in individuals going on to pursue other opportunities and gain subsequent employment. Similar findings were also seen in Attree's (21) study where

community support workers reported acquiring skills which could be transferable to other contexts, such as further education or career enhancement.

In relation to the outcomes for the people champions were working with, the champions themselves were confident that they were making a real difference to people's physical and mental health. Yet, project staff and partners were more cautious in their assertions. Many projects were still at an early stage of their development and project leads talked about the difficulties of collecting outcome data and were aware that much of their 'evidence' was anecdotal. Notwithstanding this issue, there is a reasonable volume of evidence from systematic reviews indicating that community/lay health workers are effective in supporting positive behaviour changes (2). Champions in this present study also talked confidently about the changes they saw being made to people's lives, specifically in relation to people's mental health and well-being. This impact was seen to be greater with those who experienced mental illness, social isolation or social exclusion. Champions did not use the term but they were recognising the value of social capital (i.e. social networks, group activities, linking people into services) to people's health. Project staff and partners also recognised that champions were promoting social cohesiveness and helping to integrate people into their community. This particular issue is relatively under explored in the literature. The impact of champions and lay workers on communities and social networks , for example, was identified as a research gap in an evidence review by South et al. (2). Our findings here would suggest that champions are making a significant contribution to form and strengthen social networks within communities and that this is arguably one of the most important aspects of their role.

Champions recognised the importance of developing an understanding of the people they were working with and saw themselves as being able to relate and gain trust in a way that was not usually possible for professionals. They also reported that, in contrast to professionals, they were able to move beyond brief advice, to offer time, an informal

approach and empathy based on shared experience. Indeed, the benefits of local knowledge and shared experiences that lay workers have with the communities they are working alongside was a strong theme to emerge from a study which gathered the views of 'experts' who were deemed to have theoretical and practical knowledge in the arena of lay involvement in public health (22). In this present evaluation, project leads and partners did not allude to this as much, possibly as professionals themselves this difference was less apparent, or they felt they needed to be more circumspect.

In terms of whether the Altogether Better projects were able to deliver their empowerment model, the findings indicate that parts of this are being addressed by the work of champions. For example, in an evidence review on empowerment approaches for health and well-being (15), moving towards feelings of individual empowerment is described in terms of increases self confidence, self esteem and people feeling more in control of their lives. Most champions suggested how both their self confidence and that of the people they worked with had improved and reported how friends and family were beginning to take control of and improve their health as a result of their intervention. There was less evidence in respect to 'system challenge', the final element of Altogether Better's empowerment model (16). It seems reasonable to argue that Altogether Better projects are still in their infancy and, as participants recognised, it takes time for people to move to challenge existing systems.

Finally, all participants saw training and support as critical to effectiveness in translating the Altogether Better approach into practice. An evidence review analysing the community health champion role (2) pointed to the importance of a supportive infrastructure if programmes to engage the community in promoting health are going to be effective. This would include organising effective recruitment, training, supervision and practical support to undertake activities. The review also identified that there has been little process evaluation about the best ways to recruit, train and provide support. It may be that projects could benefit from comparing both the training and support they offer to ensure that what they

provide is fit for purpose, particularly in projects where the champion role has developed beyond that envisaged in the original model. This could also help build the evidence around this aspect of the champion role.

Conclusion

The recent public health White Paper suggested that the Altogether Better programme is improving individual and community health as well as increasing social capital, voluntary activities and wider civic participation (1). Findings from our evaluation, report that the community health champion role can be a catalyst for change for both individuals and communities. Indeed, community health champions have the potential to be instrumental in creating a cultural shift in communities towards healthier and more integrated living. These findings chime with current discussion around the need to build a society where people take a more active part and engage more with service development and delivery. There is more work to be done to deepen understanding of what processes need to be in place to maximise the potential of community health champions and to capture the full impact of their activities, but it is the clear conclusion of this evaluation that engaging lay people in health needs to be an important strand of practice in the challenging times ahead.

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